MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

1	SERIAL NO.
ı	12/53/60/27
ı	101224060
ı	APPI PCANT(S)

FILING DATE

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TOTAL DEP.			211	4		4
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PTO - 1360 (REV. 11/04)

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